

DISEMBODIED SOULS AND EMBODIED SELVES? THE RETURN OF THE SOUL IN MEDICINE AND OF THE BODY IN SPIRITUALITY

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ABSTRACT: There seems to be a return of attention to the dimension of the soul in bioethics and to the bodily dimension in spirituality, where very diverse moral, cultural, and religious sensitivities and beliefs characterize our communities and societies at present. The paper reflects on how the spiritual dimension and the care of the soul are currently considered in medicine and healthcare, and on the significance of the body in and for spirituality, underscoring the contribution that ethics and religion can offer to better interpret and understand these scenarios.

Si assiste oggi ad un ritorno di attenzione per la dimensione dell'anima in bioetica e per la dimensione del corpo nella spiritualità, dove sensibilità e credenze morali, culturali e religiosi molto diversi caratterizzano le nostre comunità e società. Il paper riflette su come la dimensione spirituale e la cura dell'anima sono attualmente considerate in medicina e nella cura della persona, e sul significato del corpo nella e per la spiritualità della salute, sottolineando il contributo che etica e religione possono offrire per interpretare e comprendere meglio questi scenari.

KEYWORDS: Soul, Body, Medicine, Spirituality, Technological age

PAROLE CHIAVE: Anima, Corpo, Medicina, Spiritualità, Età tecnologica

What does the term “soul” mean today? Where and how does it arise in the debate on issues regarding life and death, health and illness, healing, and care? What role and significance does the body have in contemporary medicine and culture? It is possible to observe two main tendencies at present that could be represented as a sort of chiasm: on the one hand, there seems to be a resumption of attention to the “soul” and

to the spiritual dimension, with new ways to understand, represent, and approach them in medicine; on the other, there is a corresponding renewal of attention to the body and to embodiment, not only in medicine and healthcare but also in spirituality, where the role and the value of the body probably have never been so central.

What can this resurgence of attention to the soul mean in medicine, healthcare, and bioethics and to the body in spirituality? What are the potential consequences? What kind of contribution can ethics, philosophy, and religion bring to this debate?

1. The body–soul dualism and the breath of life

In ancient philosophy and culture, the idea that the body and the soul represent two distinct realities that sometimes meet, collide, and cohabit, at least for a while, was very prominent, to the point that in philosophy and religion the soul was considered a “prisoner” of the body, in line with the interpretation formulated by Plato in the *Phaedo* (2002), and the relationship between soul and body was frequently represented as a dualism. This dualistic vision returns in the modern age in Descartes’ conception, as a primary model for the interpretation of the relationship between body, considered as a *res extensa*, and mind, considered as *res cogitans*.

What remains of this dualism today? At present, medicine studies and reflects on the body, whereas the cognitive sciences and neurosciences consider and attentively study the mind. In some respects, we could argue that the ancient and traditional dualism of body and soul has been transformed into a dualism of body and mind. In this renewed and contemporary dualism, what has happened to the soul? Is there still space for the soul — for an entity that, over the centuries, has induced not only philosophers and intellectuals, writers and scientists, but more broadly all human beings to wonder about their destiny, the relationship between immanence and transcendence, and whether there is life after death?

In a reflection on the soul, a psychoanalyst wrote:

The soul is like the word that tries to say it. A breath, a fleeting breath [...]. It is difficult to speak of the soul: we do not know it; we do

not see it. [...] Yet we happen to grasp its presence. Each of us has felt this impalpable closeness at the edges of reality, this inaccessible background. Each of us has felt that existence is not restricted to what we know or see. Something transits elsewhere. Something, but what? Elsewhere, but where? [...] Such questions stimulate the premonition of a mystery” (Ternynck 2022, pp. 22–23)⁽¹⁾.

These questions, observes Ternynck, tend to remain hidden in adult life, which is more focused on concrete issues, but sometimes they reappear. If the question “How should I live?” concerns an existential issue and entails a search for meaning, people who address this question often search for someone who can help them find their own answer: they search for a sort of guide — a psychoanalyst, a priest, a spiritual guide or referent, possibly a *life coach* as well.

“In the contemporary West, the breath of life has fallen; it slips downwards. We certainly live more freely and at a greater speed, but we breathe badly” (Ternynck 2022, p. 23). The image of breathing evoked by Ternynck reflects a meaning traditionally associated with the term ‘soul’. Maintaining its metaphorical meaning, we could ask where our “life breath” goes and wonder what corresponds to it. The Greek term “pneuma” refers to the idea of breathing, of blowing, as well as to the idea of the soul. Among the Greek meanings of the term, one finds “blow (of the wind)”, “exhalation”, “breath, breathing”, but also “breath of life” (Rocci 1985, p. 1516). At present, the clinical discipline and medical specialty where breathing is scrutinized and treated is called ‘pneumology’, keeping the original meaning of breath and breathing. The Latin term *anima* means “vital principle” and it comes from the Greek term *anemos*, whose meaning corresponds to “wind, breath, vital breath”. In the ancient Jewish tradition, the word “nefesh”, translated as “soul, breath of life”, referred to the animation of a living being, to the being as animated: *nefesh* was associated with a spiritual entity, embodied in a specific organ, and in this tradition, the soul was not conceived as separate from the body but, on the contrary, as consubstantial with it (Lys 1958)⁽²⁾.

(1) My translation from the Italian version.

(2) The Jewish tradition recognized a tripartition of the soul: *neshamà* is the highest part of the soul, located in the mind; *ruah* is the spirit located in the heart; and *nefesh* is the vital breath residing in the liver. Aristotle traced a tripartition as well to represent the soul’s structure, distinguishing between an *intellective*, a *sensitive*, and a *vegetative* soul (Aristotle 2017).

The issue of the “soul” has been debated and differently defined during the centuries in theology, philosophy, literature, arts and poetry, psychology, and more recently in the neuroscientific field as well (Ravasi 2022). In addition, it is difficult to identify or attribute a literary or univocal meaning to the term. It is nevertheless possible to identify signs and meanings that indicate the permanence of a condition beyond the form it assumes. Some contemporary definitions of the term can provide guidance in this inquiry. In the Cambridge Dictionary, “soul” is defined as “the spiritual part of a person that some people believe continues to exist in some form after their body has died, or the part of a person that is not physical and experiences deep feelings and emotions”⁽³⁾. In the Britannica Dictionary, the term is defined as “the spiritual part of a person that is believed to give life to the body and, in many religions, is believed to live forever; a person’s deeply felt moral and emotional nature; the ability of a person to feel kindness and sympathy for others, to appreciate beauty and art”⁽⁴⁾. The Britannica Dictionary offers also a possible etymology of the word: it may derive from “soule” (Middle English), “sawol”, meaning “spiritual and emotional part of a person, animate existence; life, living being”. The term seems to have an analog in the Proto-Germanic “saiwalo”, meaning “from the sea”, where since the end of the Nineteenth century, the expression “soul-searching” has been referred to as a “deep self-reflection, examination of one’s conscience”⁽⁵⁾.

At a glance, these various definitions reflect shared meanings of the term, and they seem to present some common elements: the soul is an immaterial, non-physical component of the person; it corresponds to her deep and inner nature and sensitivity. In the most ancient traditions, the soul corresponded to the element that could animate the matter of the body; without this principle, the body would not be vital; it would be “inanimate” in the literal sense. Moreover, in spiritual and religious terms, the soul has been considered immortal or everlasting.

(3) See <https://dictionary.cambridge.org/dictionary/english/soul> (last accessed on 29 March 2023).

(4) See <https://www.britannica.com/dictionary/soul#:~:text=Britannica%20Dictionary%20definition%20of%20SOUL,the%20human%20soul%20%5B%3Dspirit%5D> (last accessed on 15 April 2024).

(5) <https://www.britannica.com/dictionary/soul> (last accessed on 15 April 2024).

Whereas “body” refers to a material component, “soul” refers to an immaterial or a “spiritual” component of life. How is it possible to consider body and soul, mind and body, at present, and how are these elements different in their functions, which still remain parts of the whole that compose the human being?

2. The return of the soul in medicine and in bioethics

The notion of the soul is very significant in scenarios and issues regarding life and death, health and disease, suffering and healing, and human and non-human existence.

The term soul has been associated with spirituality and spiritual care since antiquity: in Plato, spiritual care means and implies the care of the soul (Mortari 2021) and this tradition seems to have remained present throughout the centuries, where there is a reference to the soul and the care of the soul, to interiority, to spirit and spirituality, to the divine and the mystical. Soul has been identified as an immaterial and a spiritual component of the individual and of the person; the cultural and religious traditions and the different disciplines that approached these notions and reflected on them bring attention to soul and spirituality as relevant existential traits in life (Ravasi 2022).

The notion of the soul has recently returned in bioethical debates, as some authors underscore (ten Have and Pegoraro 2022). Sometimes, the notion has been considered in a metaphorical sense; sometimes, it is discussed with reference to the notion of spirituality and its importance in and for healthcare (Cobb, Puchalski and Rumbold 2012). This attention to the spiritual dimension, initially present in some specific healthcare contexts, such as palliative care (Saunders 1984; Leget 2017; Gijsberts *et al.* 2019), has been renewed and broadened to other medical and care scenarios. At present, spirituality in health care, the spirituality of health, and the relationship among medicine, religion, and spirituality represent a growing new field of interest, research, and practice (Puchalski 2001; Cosmacini 2007; Jobin 2013; Jacquemin 2021).

Reflecting on the concept of soul, ten Have and Pegoraro (2022) underscore that medicine seems to have lost its own soul, and so too has

bioethics: these fields have forgotten the meanings and reasons that inspired them, namely, taking care of human beings and helping people to deal with uncertainties and difficulties related to situations and choices of life and death, health and disease, birth and dying. These authors urge reconsideration of the human condition and the anthropological traits that concern a person dealing with complicated conditions and people intervening in demanding scenarios of medicine and health care, which often raise issues debated in medical ethics and in bioethics⁽⁶⁾.

What can it mean to refocus attention on the soul in the fields and contexts of care and healthcare?

The possible relevance of the spiritual component in health and healthcare had been considered during the 1990s at the World Health Organization: a specific commission worked on the proposal to modify the definition of health as a “state of complete physical, mental, and social wellbeing”, adding the “spiritual” component as well. The General Assembly of the WHO finally decided not to accept the proposal nor to insert this modification because the term “spiritual” seemed too ambiguous, not univocally accepted: the distinction between the meanings of “spiritual” and “religious” is unclear; a reference to religion could require defining the relationships between religion and the state within specific contexts; and, furthermore, a religious interpretation and view of health was evaluated as incompatible with the secular profile and orientation of the WHO as an institution (Nagase 2012).

Over the years, and with a substantial increase at the time of the COVID pandemic and after the healthcare emergency that it caused, attention to this component has burgeoned, and today the topic of spirituality in health care has moved to be debated (Peng-Keller, Winiger and Rauch 2022). Now networks and centers dedicated to it are focused on reflection and research on spirituality and commitment in activities, practices, and education devoted to spirituality in healthcare⁽⁷⁾. Different tra-

(6) On the specific goals of medicine and on their possible religious matrix see Pellegrino and Thomasma (1997).

(7) Some initiatives reflect the return of interest in spirituality in medicine and healthcare: see the Global Network for Spirituality and Health, GW Institute for Spirituality and Health (GWISH), <https://gwish.org/programs/global-network-gnsah> (last accessed on May 28, 2024); the network RESSPIR, Réseau Soins, Santé et Spiritualités related to the Interdisciplinary Research Center “Religions, Spiritualités, Cultures et Sociétés” at the Université catholique de Louvain, <https://resspir.org/> (last accessed on May 28, 2024), and the *Initiative on Health,*

ditions offer concepts, notions and categories that can be adopted in this field: among the most relevant are personhood, belief, hope, search for meaning, compassion, dignity, care and healing, suffering, rites, and culture (Cobb, Puchalski and Rumbold 2012, Section II).

Also, if the contribution spirituality could bring in therapeutic terms and health outcomes is neither evident nor completely measurable (Anandarajah, Hight 2001, Balboni *et al.* 2007; Puchalski *et al.* 2014), spirituality can still represent an important component in the care process of a person, and it could be considered as an essential passage of the “ritual” of care. Some proposals to better understand and assess the spirituality and spiritual needs of patients have been formulated, as in the HOPE approach, where the sources of Hope and meaning, the role of Organized religion, the place of Personal spirituality and practices, and the Effects on medical care and on End-of-life decisions are considered (Anandarajah and Hight 2001).

3. The body in spirituality

Looking at the second term of the Platonic dualism, what is the role of the body in the field of medicine today and in this renewed attention to spirituality? What kind of representation has been offered of the body, and what kind of connection exists between the body and the self — a connection that, in the philosophical and neuroscientific debate, seems to refer to the deeper and more proper aspects of human identity? What is the connection between these two dimensions and dynamics that compose and define our embodied experiences?

In contemporary philosophy, phenomenology has brought attention back to the body. It has considered the lived experience we always have of the body, underscoring the epistemological role and value that it can have: the body, as observed, experienced, and lived, defines the relationship with reality, and in this way it contributes to defining our subjectivity as well (Merleau-Ponty 1976). The perception of having a body and, at the same time, being a body has been underscored by

Edmund Husserl, who indicated the two dimensions and the two different, complementary experiences that contribute to defining the unity of ourselves and the conditions of human consciousness: the physical body, the *Körper*, and the lived body, the *Leib* (Husserl 1960). Through the body, a person enters into relationships with herself, with others, and with the world surrounding her. Through the body, a person can define her identity and orient her knowledge and awareness, as well as enter into relationships, experiencing dynamics of recognition, reciprocity, attention, or, vice versa, dis-recognition, indifference, lack of respect, and violation (Melchiorre 1987; Malherbe 2014). In this sense, attentive care of the body can mean and transmit – through a bodily-mediated relationship — closeness and recognition of the person, and respect for her person in the different dimensions that can characterize her: the physical, the moral, the social, and the spiritual as well.

To what extent do we conceive of ourselves as abstract entities, and to what extent do we consider them bodily and corporeal? Starting from a phenomenological perspective in cognitive sciences, Varela, Thompson, and Rosch argue that our mind is embodied, and our cognition is and remains embodied as well (Varela *et al.* 2017). In addition, regarding spirituality, it seems possible to talk about an “inner life” of the soul precisely because human beings perceive and experience their own bodies. Hannah Arendt observed that the life of the soul cannot be expressed metaphorically, as can happen when we describe the activities of the mind, making “external” what human beings experience internally in their thoughts: the intensity of the soul’s life can be better expressed through gazes, facial expressions, sounds, or gestures. Arendt wrote: “Our soul-experiences are body-bound to such an extent that to speak of an ‘inner life’ of the soul is as unmetaphorical as to speak of an inner sense, thanks to which we have clear sensations of the functioning of our inner organs” (Arendt 1978, p. 32). In an analogous sense, a young physician observes: “The interiority of the body is my own interiority. We tend to adopt notions and concepts that are very western, but as physicians, we should learn to give space to words and to interiority, both for patients and for caregivers”⁽⁸⁾.

(8) This is part of an interview realized for the research project “Which healthcare for the future? Towards a more equal and sustainable medicine and public health”, lead in 2022 at the Bruno Kessler Foundation — Center for Religious Studies (L. Galvagni, P.I.).

The idea that there is a significant correspondence between a person's corporeal interiority and his or her spiritual dimension reflects a way of looking at the body, with its needs and its multiple resources⁽⁹⁾: human needs are very diverse, and in demanding conditions and situations for the person, they all require attention and care.

The embodied experience remains extremely significant in regard to spirituality as well. Where the body is impacted by pain or joy⁽¹⁰⁾, its lived experience is more intense; in these situations, spirituality is more engaged, and spiritual needs tend to be perceived more intensely (Bellet 1992; Carel 2019). Many so-called "spiritual" activities imply an involvement of the body; in spiritual activities and practices, the body is deeply engaged; therefore, taking care of the soul implies often interacting with the body or working on the body of a person. Some authors observe that caregivers who practice spiritual care need to enter into a close relationship with the person they are taking care of in order to let these practices become forms of care for the soul (Kearney and Weininger 2012). In this way, the "mystical" could be reinterpreted as "the direct experience of the larger field of relationships in which we are embedded" (Kearney and Weininger 2012, p. 277).

Hence, if care of the soul in healthcare is receiving new attention, as the increase in contemplative studies shows, the presence of the body in spirituality seems to be extremely significant until the point of talking of "embodied spiritualities" (Bertolo and Giordan 2016; Varela *et al.* 2017), referring to yoga practices, mindfulness, or ritual prayer involving movements of the body, which can and tend to be practiced by people experiencing an illness as well.

(9) Interiority can represent the different ways in which philosophy and religion have understood and still understand our capacity to reflect, to perceive and experience life externally and at an inner level, to re-elaborate our experiences and our stories, considering the possibility of the existence of a transcendent dimension as well.

(10) As Ricoeur observed, joy as well as pain represent "the last niche" of subjectivity (Ricoeur and Blattchen 1999).

4. Souls and bodies again, in our technological age

Curiously, some terms traditionally associated with philosophy, spirituality, and religion seem to recur in studies on new technologies and biotechnologies as well. In the report of the US President's Council on Bioethics, *Beyond Therapy. Biotechnology and the Pursuit of Happiness*, some very distinctive expressions have been adopted, such as the notions of “harmony of mind and body”, of “ageless bodies”, and of “happy souls” (President's Council on Bioethics 2003). These references bring back some peculiar notions adopted in religion and theology, as well as in philosophy, to talk about the relationship between body and mind and the condition of the soul: philosophy, religion, and spiritual practices have been traditionally attentive to improving human life conditions by focusing on the existential and interior levels, in a sort of orientation toward wisdom. At present, a new, strong attention to body and soul and a tendency to reconsider both of them — also in metaphorical or symbolic terms — seem to come back in reflections regarding different issues related to medical ethics, transhumanism, and technologies (Adorno 2012; Gaillard 2024).

Being a unity and representing a whole, human beings neither have nor are disembodied souls; they are unable to experience disembodied spirituality. How does the bodily condition impact spirituality, and how might the spiritual component be considered and accompanied during the care of the body and in health? To understand the relationship between these different components, it is important to reflect on the difference between two traits — the spiritual and the psychic. Observing the interaction between the psychic and the spiritual dimensions and dynamics, the sociologist of religion Raymond Lemieux (2017) underscores that the essence of spirituality seems to be desire, whereas the core of psychic dynamics consists of feelings and affection, following a distinction proposed by Emile Durkheim (1960). In this perspective, desire represents a dynamic tension that leads to a move towards an alterity, to discover and explore it, exercising imagination, and going beyond the conditions that life imposes. The desire could be represented and thought of as a “search for”, where the person is oriented and remains open to the unpredictable and the unattended that

the other(s) always can bring and offer (Lévinas 1971). If desire is characterized by an orientation towards something or someone — an object, a condition, a person —, the tension it implies induces the person to go beyond herself, to transcend herself and in this sense can be interpreted as an aspiration to transcendence⁽¹¹⁾. The reference to desire as a distinctive component of spirituality highlights the extent to which spirituality seems to be bodily-related and the extent to which its foundation remains corporeal.

Simone Weil reflected on the fact that what is sacred is not the abstract notion of the person; on the contrary, it is her being a body, her being a material entity; we could say her being embodied (1957). As embodied selves, human beings are not disembodied souls: taking attentive care of a person's body brings relief to the soul, and taking care of the soul — in its desiderative and aspirational dimension — may create a different balance for the body, and for the person, offering space for pleasure, joy and relief in very difficult circumstances as well. For this reason, when cure is no longer attainable, there are still ways to approach and to care for a person in the conditions she is experiencing — be they bodily, psychological, moral or spiritual. Spirituality has been defined as “the dynamic dimension of human life that relates to the way persons (individual and community) experience, express and/or seek meaning, purpose and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant, and/or the sacred” (Nolan, Saltmarsh and Leget 2011). In this approach, the spiritual attitude seems to be neither necessarily, nor strictly related to transcendence and to the sacred — in the most traditional sense of those words. If the essential features of the “soul” — what it represents, to what it corresponds, and if it can still refer to transcendence — apparently remain undefined, the soul, its existence, and its destiny can represent instead an issue of belief, conviction, faith, and practice, which can be both personal and collective, and more than a pure and simple object of knowledge.

This renewed attention to the soul and to the body does not involve solely medicine and healthcare; it more broadly concerns very diverse

(11) Malherbe defines spirituality as “the relationship that a subject establishes with his own transcendence” (2014, p. 162); in his interpretation spirituality is “what in a human being is related to the question (and not to the assertion) of transcendence” (Malherbe 2014, p. 196; my translation from Italian).

cultures, societies, and contexts around the world. Perhaps, in the post-secular dimension that characterizes many of our societies, human beings are rediscovering the value of their embodied humanity, marked by precariousness and fragility but at the same time open to an incomparable tension to beauty, which may represent the most meaningful contribution that life and being alive makes to each and all of us.

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